

<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: left;"> <b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</b> (FOR USE WITH FORM PTO-875) </div> <div style="text-align: right;"> <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> <b>SERIAL NO.</b> 101580,041 </div> <div style="width: 40%;"> <b>FILING DATE</b> 5-19-2006 </div> </div> </div> </div>													
<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="width: 40%;"> <b>21</b> </div> <div style="width: 60%;"> <b>APPLICANT(S)</b> </div> </div>													
CLAIMS													
	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT			AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
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44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	3	↓		↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.	18	←		←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS	21						TOTAL CLAIMS						